

RESIDENTIAL APPLICATION



PLACE A TICK IN THE BOX

Prepay Postpay
 Home Basic Home Lite Home NetSaver Home Total Other

Essential Documents Required When Applying (Certified)

1. Copy of ID (tick one) Passport FNPF Drivers Licence Other
 2. Evidence of funds (tick) Salary slip Letter from employer Bank statement Other

RESIDENTIAL APPLICANTS

Applicants Surname (Mr/Miss/Mrs)
 First Names Date of Birth
 Also known as
 Email Address
 Name of Employer
 Address of Employer
 Occupation Phone Contact
 Spouse's Name
 Name of Employer
 Address of Employer Phone Contact

NON RESIDENTIAL APPLICANTS

Passport Number
 Country of Issuance

ADDRESS WHERE SERVICE IS REQUIRED

Lot/House Number Street Name
 Stage Area Town/City
 Floor/Unit No. Block/Quarters Number Building Name
 Village/District/Province

BILLING ADDRESS

Box Number Street(House Number)
 Town/City/Village

Directory Listing Yes No

Number of Lines Required
Telephone Fax Internet

Other Services Required (fees may apply)

Broadband Yes No

Extension Yes No

Other Yes No

Contract Term 1 Year 2 Years 3 Years

Value Added Service (fees may apply)

Call Control Barring

IDD Yes No

Mobile Yes No

Abbreviated Dialing Yes No

3 Party Conference Yes No

Call Forwarding Yes No

Instrument Options Rent Own Phone

Toll Limit \$100 Other \$ _____

LOGIN INFORMATION (For plans with Broadband included)

USERNAME:.....

PASSWORD:.....

Note: Username is 4-16 characters, a to z (in lower case) or 0 to 9 with the first character an alphabet.

Passwords are 4-8 characters in length, A to Z, 'a' to 'z' and 0 to 9 only (case sensitive). You have the option of changing your password on line which will take 24 hours to take effect.

DECLARATION

I/We hereby:

- (a) certify that the particulars hereinabove provided are true and correct
- (b) agree to pay on demand all charges made by the company in connection with the above service
- (c) declare that I/We have read, understood and agree to comply with and be bound by the provision to me/us.

RESIDENTIAL

Signature of Applicant

Date

THIRD PARTY INFORMATION *

If registering on someone's behalf

Agent Name

Agent Phone No.

Agent Email

Relationship to applicant

Agent Signature Date (DD/MM/YYYY)

I solemnly declare that I am authorised to lodge this registration form on behalf of the applicant.

FOR OFFICE USE ONLY

Received by: EDP Account No

Date

Installation Fee RR

Credit Worthiness Gross

Net Postpaid (Y/N)

CSR Signature Receipt No